

Ascension Comprehensive Abdominal Core Health and Hernia Center

Patient Care Packet

April 2022



**Ascension
Via Christi**

You have just discovered a bulge in your groin, or perhaps on your abdomen where you had a surgery last year. You have been to see your primary care doctor and he or she has told you that you most likely have a hernia. So you are being referred to a hernia specialist to discuss an operation to repair the hernia.

The prospect of an operation is intimidating to you and your family. How long will you be out of work? How long will you be in the hospital? Who will be taking care of you? How will your pain be controlled? These concerns are completely normal.

The purpose of this guide is to help you navigate and answer some of these questions and to prepare for the important events ahead, both before and after your surgery.

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Chapter 1 – Meet the team

The goal of the Ascension Comprehensive Abdominal Core Health and Hernia Center is to offer unique and highly specialized care to our patients in an environment that is safe and friendly. Hernias can be extremely complex problems, and it takes a group of dedicated people to give you the best result possible. Some of the people you will meet along the way include:

Attending Hernia Surgeon

Your surgeon is in charge of the team and will plan and perform your surgery, and manage your care postoperatively.

Anesthesiologist/Certified Registered Nurse Anesthetist (CRNA)

The supervising anesthesiologist and a CRNA will meet you prior to your surgery and review your medical history. They will be responsible for caring for you during the operation. In high risk patients, we often ask you to meet with this team for a preoperative consultation in order to choose the best and safest anesthetic for you.

Nurse/Care Coordinator

This is the nurse that you meet in the office and is your contact person before admission and after discharge. You will have this nurse's contact information, and you can reach out to him or her with any questions or concerns. If imaging or consultations are needed preoperatively, this person helps to arrange these appointments. In our office, this person is a registered nurse (RN).

Scheduler

The scheduler works with you to find the best time for you to have your surgery.

Registered Nurse

Specially trained nurses will be responsible for your nursing care throughout your hospitalization. They will follow the surgeon's instructions and be with you every step of your hospital recovery.

Physical Therapist

Physical therapy is essential for patients with complex hernias that require longer hospital stays. The physical therapy team evaluates and plans exercises and activities that will help you be more active and feel better faster. In patients that require abdominal wall reconstruction, we often prescribe 4-6 weeks of physical therapy to begin 6 weeks after their operation.

And the most important team member

Is YOU!

We can promise you that you will receive our best effort in planning and fixing your hernia. But remember, this is your body and your life, and we cannot care about this process more than you do. Your engagement and participation in your healing also is absolutely essential, if we are to achieve our goals of a safe and durable hernia repair.

Chapter 2 – Getting ready to see the surgeon

You have been told by your primary care doctor that you need to see a hernia specialist. This is an intimidating prospect. As you are getting ready for your visit, you may be wondering what you should say or bring with you. This is a brief list of items that may help us to get the most out of your initial consultation.

Medical history: every patient's medical history is unique and details matter to us. Knowing these details helps us to know what steps may need to be taken to help keep you safe during and after surgery. Important aspects of your history to make sure you let us know about are:

- Heart attack
- Heart valve problem
- Abnormal heart rhythm
- Heart surgery
- Stroke
- Asthma
- COPD
- Supplemental oxygen use
- CPAP
- Chronic cough
- Previous infections
- Exposure to drug-resistant infections
- Tobacco use
- Smokeless tobacco use
- Electronic cigarette use
- Alcohol use
- Kidney or liver problems
- Immune system problems
- Personal history of cancer
- Last colonoscopy date and result
- Blood clot or embolus
- Bruising or abnormal bleeding
- Diabetes

Medication list: Please bring a list of your medications that you are on or have taken in the past three months. Please fill out the medication list on the next page and bring it with you to the appointment.

Your surgical history: We commonly see patients who have had more than five abdominal operations. In order to plan the best type of hernia repair, knowing the who, what, when and how of your previous operations is essential. Our goal is to reconstruct the history of your abdominal operations in chronological order.

Previous operative reports give us this information. This is especially true in the case of recurrent hernias where mesh may have been installed. Your previous surgeon and primary care doctors should have these notes on file.

Imaging studies: Not every patient needs a CT scan prior to hernia surgery. Complex hernia patients have usually had CT scans and X-rays performed prior to seeing us. Often, patients only bring the reports and not the images, which are essential in the operative planning process.

Sometimes we have to repeat scans because we simply cannot obtain the actual images that match the report. If you have had a CT scan in the area of your hernia in the past year, please have your doctor help you get the report and the images saved on a CD, so we can evaluate the images in the office during your visit. If you have had a CT at Ascension Via Christi, we are able to view those CT images.

Expectations: Some patients are surprised when they are not offered an operation at the time of their visit. Many patients can be scheduled for surgery after one office visit, but many cannot.

Sometimes we need to get more information to help us formulate the best operative strategy possible. Most often, however, scheduling an operation is delayed because the patient has some other health issues that need to be evaluated or treated to make the operation as safe as possible.

Medication List

NAME	STRENGTH	HOW MANY TIMES A DAY?	PURPOSE OF MEDICATION	PRESCRIBING DOCTOR

History of operations
(IN CHRONOLOGICAL ORDER)

TYPE OF OPERATION	DATE/LOCATION	COMPLICATIONS	SURGEON

Chapter 3 – Meeting your surgeon

This consultation is the first opportunity to meet your surgeon.

Our office is located at: 14700 W. St. Teresa, Suite 130
Wichita, KS 67235

We will take as much time as you require to listen to you and make sure you understand your condition. Our team is here because we are dedicated to helping you.

When you arrive at the office, you will be greeted by the receptionist who will check you in. They will then hand you an information sheet about our various database projects. Your participation in these databases is voluntary but, as we will discuss in the office, this is how we learn to better help you and future patients. Learning from your experience will help us treat the next patient better.

Once in the room, your surgeon will discuss your history and perform a physical exam.

One important point of this first interaction is to perform a risk assessment. Every surgery has risks of complications and each patient's risk is unique. Using your history, we develop a unique risk profile for you. This helps to identify areas of concern that need to be evaluated and addressed before surgery.

If this risk assessment shows no points of concern, your surgeon will likely move to a discussion of various operations to fix your hernia, and the details, benefits, and risks of each unique procedure.

However, if points of concern are identified, a process called optimization is necessary prior to scheduling your operation. This is discussed in the next section..

Chapter 4 – Optimization and Consultations

Risk cannot be eliminated, but much can be done to reduce and manage it. Our goal is to make the operation and recovery as safe as possible for you and assure that you have a durable repair.

There are two types of risk that we focus on. The first is general risk. These are things like heart disease, lung disease, or a history of blood clots, to name a few examples. If these are identified, the surgeon will ask you to see a specialist. The goal of this specialist consultation is to identify the severity of the problem and to assure that it has been properly treated. Sometimes the consulting doctor may order additional testing.

Once the specialist has completed their assessment, they will communicate their recommendations to the surgeon. Usually, then the operation can be scheduled. There are also risk factors that specifically relate to hernia surgery. These include obesity, poorly controlled diabetes, tobacco use, and drug-resistant bacterial infections. We know that

individuals who have these risks carry a higher risk of complications during and after surgery. These complications, such as mesh infection, can be difficult to deal with and can require additional complex and costly operations. The best way to deal with these complications is not to have them.

This is why we spend so much time talking about the process of optimization. For example, we know that weight reduction, diabetic control, smoking cessation, good nutrition, and clearance of certain types of infections significantly reduces the risk for hernia-related surgical complications.

The majority of the first consultation with high-risk patients focuses on these high-risk issues and developing a strategy to reduce them. We will work with you to develop a plan, and then help manage your progress to reduce these hernia surgery specific risks.

Chapter 5 – Two or three weeks prior to surgery

Your scheduled surgery date _____

After the optimization process has been completed, we ask you to return to the clinic. This visit is when the nuts and bolts of your operation will be discussed. Our goal is that, by the time you leave, you will have a full and complete understanding of the details, benefits, and risks of your operation.

We will also discuss some of the important points before surgery, like what medications to take in the days leading up to your surgery. We do not require patients to stop taking aspirin or other antiplatelet medications (Berlinta, Plavix) prior to surgery.

We believe in preparation. Planning for your recovery from the operation needs to take place before you leave for the hospital. Making sure these areas are addressed affords you some peace of mind, so you don't need to worry about them during your recovery.

Work plans: This is one of the most common concerns that we discuss with patients. The amount of activity and physical restriction that we recommend after surgery varies with each operation and each patient. By the time of your final preoperative visit, your surgeon will have a good idea as to what, if any, work restrictions you will have and for how long you will have to have them. Our goal is to provide you with plenty of time to make necessary arrangements and obtain any assistance in the form of letters or attestations that are required by your employer.

Ride planning: You will not be able to drive yourself home from the hospital. It is best to plan on rides to and from the hospital.

Nutrition: As the date for your surgery approaches, nutrition and good diabetic control become more important than ever. Your surgeon will discuss our recommendations for a special supplement to be taken in the days prior to your surgery, but eating a well-balanced diet is also important. Taking a multivitamin rich in zinc and alanine is also beneficial.

Advance directive: If you do not yet have an advance directive, this is a good time to complete one. This document is the best way to make sure that your family and healthcare providers know your wishes, should an unlikely complication occur.

Contacts: When you are discharged from the hospital, you will be able to perform your activities of daily living. In the first few days, however, this will be slow and difficult. If you think that you may need extra help for several days with food preparation or have other concerns, now is the time to consider identifying a few individuals that you can ask for help. Usually, we want somebody to check on you once or twice a day, once you've been discharged home.

Prepare your home: This is a brief checklist to complete before you leave for your surgery. It is designed to make things easier during your first several days back at home.

- Clean your home.
- Do the laundry.
- Arrange for a helper to walk your pets and get your mail.
- Make sure handrails are secure, that you can easily walk in non-cluttered hallways, and that all rugs and cords are secured to minimize risk of falls.
- Check your stock of consumable necessities, like food, toilet paper, and medications.
- If your bedroom is upstairs, you may want to plan to sleep downstairs for the first few nights home, so arrangements may need to be made.
- If you use a CPAP machine, bring it to the hospital with you, and keep it near you, not just at night, but also when you nap during the day.

Exercise: *Our goal is for you to be as active as possible before and after your operation. We believe that the more active a patient is before and after the operation, the better they will feel earlier in their recovery.*

For instance, we normally tell able-bodied patients that we want them walking three times daily for 30 minutes a piece by the time of their first postoperative appointment, 10 days after surgery. It is hard to ask a patient to do this after the operation if they have not been regularly performing some degree of physical activity before the operation.

We are not trying to turn you into an Olympic triathlon competitor, only to get your mind and body ready for surgery and recovery.

Staying healthy: Good hand-washing and avoiding sick contacts in the days and weeks prior to your operation will help to avoid illness that may require your operation to be rescheduled.

Chapter 6 – Day before surgery checklist

Scheduled surgery date _____ Arrival time _____

The time for surgery is almost here. Here is a final checklist:

- Work: Have all plans been made and papers signed to allow for your surgery and recovery? If you are planning on using short-term disability, have all arrangements been made?
- Prepare for home checklist completed?
- Advance directive completed?
- Do you have somebody you can call to check on you? If not, let us know and we can assist you with helping to make these arrangements.
- Have you packed for the hospital? Here's a list:
 - Insurance and prescription cards and a photo identification
 - List of important telephone numbers
 - This packet, including the medication list and medical history form
 - One or two outfits to wear if you stay in the hospital. These should be loose fitting, like sweatshirts and pants. Drawstrings are preferred over large elastic waistbands.
 - An extra sweatshirt or blanket for your comfort
 - Two or three pairs of underwear and socks
 - Comfortable shoes that are easy to get on and off – but no flip-flops or sandals.
 - Personal CPAP machine (if you have one prescribed to you already)
 - Eyeglasses and case
 - Personal toiletries
 - A positive can-do attitude. THIS is the most important thing to remember!
- List of things to leave at home:
 - Jewelry
 - Credit cards, checks, large amount of cash
 - Weapons
 - Medications
- Do you have any of the following symptoms that may be a sign of infection? If you have any the following, then notify our office:
 - Cough
 - Fever greater than 101.5
 - Painful, frequent, or urgent urination
 - Toothache
 - Redness or swelling of the skin?

Chapter 7 – Night before surgery checklist

Scheduled surgery date _____ Arrival time _____

- Do not eat or drink anything after midnight unless otherwise directed specifically by your surgeon. This includes gum, candy, or lozenges.

- Remove all nail polish from your fingernails and toenails.
- Do not shave the area where you are having surgery.
- Take a shower, wash thoroughly with soap. We do not require special soaps or cleansers unless directed by infectious disease consultants in special cases.
- Do not use any lotions or powders.
- Sleep in freshly washed night clothes and sheets.
- Take your regular medications at night, according to your normal schedule.
- Review and lay out what medications, if any, you have been instructed to take in the morning

Chapter 8 – Day of surgery

Scheduled surgery date _____ Arrival time _____

Before you arrive:

- Remember not to eat or drink anything after midnight unless otherwise directed specifically by your surgeon.
- If you have been instructed to take certain medications, remember to do so before you leave.
- Drive safely! The address you are going to is:

Ascension Via Christi St. Teresa Hospital
14800 St. Teresa St.
Wichita, KS 67235

Arrival:

- At Ascension Via Christi St Teresa Hospital, the check-in desk is just inside the door. The check-in process can take 5-15 minutes, and then you will be escorted to the surgery waiting room with your family.
- A nurse will then walk you back to a room in the preoperative area. Here you will undress in privacy and put on your hospital gown.
- The nurse will confirm your identity and scheduled operation. He or she will also review your medical history.

- Your family will then be brought back to the preoperative room to keep you company.
- A surgical consent form that has the listed procedure on it will be given to you. Take as much time as you wish in reviewing it and ask all the questions you need to.
- The nurse will start an IV and any medications that your surgeon has ordered will be administered. These medications can include antibiotics, medicines to prevent blood clots, or to prevent nausea and pain.
- Your anesthesiologist and nurse anesthetist will each come to interview you and to discuss with you the options and best plan for safe and effective anesthesia. They are happy to answer all questions that you may have.
- Finally, your surgeon will meet with you and your family to review the operative plan, and to make sure that everything is in place prior to your operation. This is our final check and, once completed, you will be taken to the operating room.

Chapter 9 – Recovery in the hospital

Recovery room:

This is where your recovery starts! You will wake up in the recovery room where you will be attended to by a specially trained nurse and the anesthesiologist. Your vital signs will be carefully monitored, and pain control will begin.

Day surgery:

Straight forward hernia repairs that do not require reconstruction are often discharged home the day of surgery. If this was your preoperative plan, you will be taken back to the preoperative holding area, or a hospital room if it's late in the day, and your family will be brought back to see you.

Because we want to make sure that it is safe to send you home, there are specific criteria that must be met before we can let you go home. These criteria include:

- Normal vital signs
- Good pain control with oral medication
- No nausea and the ability to drink and eat small amounts
- Must be able to urinate
- Agreement between you, your family, nurses and the surgeon that it is safe for you to be discharged

If these criteria are not met, then your surgeon will most likely recommend staying in the hospital overnight.

Admission:

If your hernia is recurrent, incisional, or large, then your surgeon will have counseled you on the likelihood of hospital admission for a few days after surgery.

After your stay in the recovery room, you will be taken to your hospital room where you will meet the team that will help you through this phase of your recovery. This team includes nurses and nurses' aides. Your surgeon will see you at least once a day while you're in the hospital.

Here is what you can expect when you get into your hospital room:

- You and your family will be welcomed by the nursing team that will help you to settle in.
- Your vital signs will be checked often after arrival and then every several hours while you're in the hospital.
- Many patients require additional oxygen during the first night after a longer or more complex operation. You may have a sensor on your finger that may beep occasionally.
- You will have an IV with saline solution to prevent dehydration. This will be stopped when you can eat and drink enough to maintain hydration on your own, usually the next day.
- A dressing and abdominal binder (like an adjustable velcro girdle) will be in place over your surgery site. The binder often helps with pain control.
- Sometimes a urinary catheter is placed during surgery while you are asleep in the operating room. This is often removed on the first day after surgery.
- The nurses will work with you to achieve pain control.

Please remember that your safety is extremely important to us. If you or your family are concerned about anything, press your call button at any time.

Your surgeon and nurses will also take steps to try to protect you from complications that can commonly occur after surgery. For instance, you will be given a device called an incentive spirometer that is designed to help prevent pneumonia. Also, you will receive medication and inflatable socks that are designed to limit the possibility of forming a blood clot.

Activity and movement are encouraged as soon as possible. Patients are often out of bed on the night of surgery. The body is not designed to lie in bed. These first few times out of bed are difficult but will pay dividends in a faster recovery and less pain as you recover.

You will be started on a liquid diet after surgery and will be advanced to a general diet at the discretion of your surgeon, usually on the first day after surgery.

Pain is one of the biggest concerns that most patients discuss before their operation. Pain is inevitable with any surgery. Also, every patient has a different perception of what and how severe their pain is, and each person's response to pain medication, especially narcotics, is different.

Effective pain control is our goal and we emphasize nonnarcotic options as much as possible. Remember that because each person is different, each pain control regimen is unique.

A common misconception is that effective pain control takes all the pain away. If we were to give you this much pain medication, we would likely put your life in jeopardy, or at least increase your risk of serious complications and increase the length of your hospital stay. Our goal is to turn the volume down on the pain so you can breathe, eat, and walk with tolerable discomfort.

Planning for discharge:

Each day in the hospital, you will make progress towards discharge. Your surgeon will discuss the discharge plan with you the day before you leave so you and your family will have adequate time to prepare and make arrangements.

Our criteria for safe discharge include:

- Normal vital signs with no oxygen requirement.
- Walking several times a day in the halls.
- Tolerating a general diet without nausea.
- Good pain control without the assistance of IV medication.
- Demonstrated return of bowel function.
- Voiding without difficulty or pain.
- Wounds that are healing without signs of infection.
- You and your family have received detailed wound care instructions.

Chapter 10 – Recovery at home

Welcome home! No doubt the food is better, and the couch is much more comfortable than the hospital bed. But remember, while you were in the hospital there was a team of dedicated professionals working with you to help guide your recovery. The work toward complete recovery does not stop once you arrive home, but now, you are the captain of the ship. Things will be slow and tedious in the beginning, but as you continue to work, things will get better.

Please give your surgeon's office a call on the day after you arrive home. There are always new and different questions that arise, and this gives us a chance to speak with you and make sure that you are safe and all is well. Also, this is when you can make your follow-up appointment, in 10-14 days.

Daily activity is still important. Please start walking three times daily. Our goal is for you to be walking or engaging in some form of physical activity three times daily for 30 minutes per session by the time you return to see the surgeon for your postoperative appointment.

- Stairs are OK, as are stationary bicycles, elliptical machines, and treadmills.
- Please keep track of your daily activity on the table in the back of this booklet, and bring it with you to your first postoperative visit.
- Activity also helps to prevent blood clots and pneumonia.
- Daily stretching and bending is encouraged.

Abdominal binders are commonly given to patients after abdominal surgery. Many patients like the binder because it gives the sensation of support and helps reduce pain for them. Other patients do not care for it at all. How much or how little you use it is up to you. Sometimes the binder can irritate the skin and wearing a soft T-shirt underneath it will solve this problem.

Wound care instructions will be given to you prior to your discharge, and your surgeon will review them with you at that time. In general, we ask that the dressings remain on for 48 hours

after the surgery, and then can be removed before a shower on the second day after your surgery. Rub water and soap over the wounds, pat them dry and leave them open to air.

It is OK for the wounds to produce a small amount of blood or clear fluid and to be a little bit red. If large amounts of fluid come from the wound, if the redness is growing, or if you begin to develop a fever of greater than 101.5, please contact the surgeons' office @ 316-613-4707.

We often get calls about wound questions and sometimes will ask you to send us a picture via secure email to save a trip to the clinic. If you have access through the patient portal, this is the easiest way to do this securely. The bottom line here is if you are the least bit concerned, call us.

As you become more active, you are likely to become sore in areas that you did not expect or have not been painful since immediately after surgery. This is normal and expected. Continue to use your pain medication as directed by your surgeon. Please keep track of how much, what type, and how often you require pain medication on the table at the back of this booklet, and bring it with you to your follow-up appointment.

Continue to eat a well-balanced diet and to take a multivitamin. Do not be surprised if it takes several days after surgery for your appetite to return. Also, a dry mouth is very common after anesthesia.

The combination of abdominal surgery and narcotic pain medication can cause constipation. If you are having difficulty having bowel movements or if they are painful, please contact your surgeon's office. Usually, we want to know if you have not had a bowel movement within two days of your discharge.

You may drive when you are not taking narcotic pain medication and you feel like you can safely react. Also, please abstain from alcohol while taking narcotic pain medication.

If you have sleep apnea and use a CPAP, you must use your machine even when napping during the day, upright in a recliner or on the couch. The effects of anesthesia can disrupt the body's triggers to stimulate breathing in patients with sleep apnea for 48-72 hours. Having a low threshold of using your CPAP will help protect you during this time.

Activity restrictions are a common question after hernia surgery. For the first 10 days we tell patients to abstain from lifting greater than 5-15 pounds. These restrictions are often lifted after your postoperative visit with your surgeon.

Unless specifically instructed by your healthcare team, resume all home medications taken before your operation.

Contact your surgeon if you have:

- Questions that have not been answered.
- Temperature greater than 101.5
- Pain that is new or profoundly different.
- Wound questions.
- Painful swelling in your leg or calf.
- Cough or shortness of breath.

- Diarrhea more than three times in a 24-hour period
- Nausea or more than three episodes of vomiting in a 24-hour period

Chapter 11 – Postoperative visit

The first postoperative visit to the office is usually scheduled for 10-14 days after the date of surgery. We ask you to call our office the day after to give us an update on your status and to make this appointment.

During this appointment, the surgeon will discuss any problems or concerns that you may have, and review your medication and activity logs.

This is usually the visit when activity restrictions are lifted, and a plan is made to get you back to doing the things you want to do and returning to work.

For most hernia repairs, we recommend steady progression over one to two weeks after the first postoperative visit. The goal is for the patient to resume normal activity at the end of this period. If you have a job that involves lifting, climbing, or repetitive activity, this is your opportunity to slowly replicate it and to get yourself ready to return and be productive.

In the case of complex repairs or abdominal wall reconstructions, activity restrictions are rarely extended for up to six weeks. Often, we recommend an additional six weeks of physical therapy for core strengthening at the end of the restriction period. If this is a possibility, it will have been discussed prior to your surgery so there will be no surprises.

We will be happy to provide all necessary documentation and releases for your insurance company and your employer.

You can return to see your surgeon as many times as you require during the first 90 days after your operation, without a charge to you or your insurance company. We are happy to see you at any time if there is a problem that you are concerned about.

For patients with repairs that are not complex and do not require reconstruction, the initial postoperative visit will be the only one required. If the repair did require a reconstruction, we ask these patients to follow up in our clinic at six-months and one year.

One of the things that makes a hernia center unique is that we try to collect data on each and every hernia repair that we do. This allows us to make sure that we are making correct decisions and helps us to learn from each and every patient experience.

Our center participates in a database called the AHSQC, or the Americas Hernia Society Quality Collaborative. This is a database that incorporates the data from hernia specialists from across the country. It allows us to study large groups of patients with specific types of hernias.

- Participation in this database is discussed during your initial surgery consultation and is strictly voluntary. Also, your health information will be kept in a secure server and all reasonable attempts to maintain your privacy will be assured.

- If you do wish to participate in the database, you will receive several surveys by mail, email, telephone, or text in the months following your surgery.

Chapter 12 – Tables and notes

Postoperative daily activity tracking log

Day	Session 1 Activity and time	Session 2 Activity and time	Session 3 Activity and time
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Postoperative daily pain medication tracking log

(Indicate type and number of tablets taken)

Day	Midnight to 6 AM	6AM to noon	Noon to 6 PM	6PM to midnight
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

APPOINTMENT	DATE/TIME	LOCATION	COMMENTS
SURGERY CONSULT		ST TERESA MEDICAL OFFICE BUILDING	

Notes and questions

Chapter 13 – Contacts and important numbers

Ascension Medical Group Via Christi St Teresa
(office appointments and consultations)
14700 W. St. Teresa, Suite 130
316-274-1507

Questions regarding your preoperative workup or postoperative care, please call 316-274-4985. This is the RN working with your hernia surgeon.